



South Carolina Department of Disabilities and Special Needs

The South Carolina Department of Disabilities and Special Needs welcomes all visitors. In response to the emerging outbreak of COVID-19 and other communicable diseases, our agency is asking all visitors to complete the following screening checklist. Thank in you in advance for your cooperation.

VISITOR SCREENING CHECKLIST

Visitor Name: _____ Date: _____

Reviewer Name: _____

	QUESTIONNAIRE	Yes	No
1)	Have you been exposed to anyone with signs and symptoms of illness, to include fever, coughing, and shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>
2)	Have you traveled outside of the United States in the last 30 days?	<input type="checkbox"/>	<input type="checkbox"/>
3)	Have you had close contact with anyone that has traveled outside of the US?	<input type="checkbox"/>	<input type="checkbox"/>
4)	Have you visited a hospital, emergency room, or urgent care in the last 14 days due to an illness?	<input type="checkbox"/>	<input type="checkbox"/>
5)	Do you have any of these symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
	A) Cough	<input type="checkbox"/>	<input type="checkbox"/>
	B) Fever	<input type="checkbox"/>	<input type="checkbox"/>
	C) Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>